

National Competency Framework for
Registered Nurses
in Adult Critical Care

Step 4

Step 4 Competencies



Foreword

Step 4 competencies have been designed to provide you with the core skills required to take charge in a critical care unit; building management and leadership capability into your professional development, to demonstrate safe and effective coordination and prioritisation of unit workload, workforce and resources. You are advised to keep a record of any supportive evidence and reflective practice to assist you during progress and assessment reviews and to inform your NMC revalidation. On completion of Step 4, you will have fulfilled the NMC requirement for both participatory and non-participatory learning.

Competence is defined throughout this document as:

“The combination of skills, knowledge and attitudes, values and technical abilities that underpin safe and effective critical care nursing and interventions”

It is expected that you will have already completed Step 1, 2 & 3 of the **National Competency Framework for Registered Nursing in Adult Critical Care**, or have equivalent competence, before embarking on Step 4. The lead assessor will be allocated by Unit Manager and Clinical Educator. It is anticipated that these competencies will form the next step in your development and provide you with the knowledge and skills to:

- Effectively assess unit work load and prioritise the team activities
- Analyse team function and capability to inform your decisions
- Set safe and effective team goals
- Effectively manage resources to achieve safe care delivery across the unit
- Effectively manage workforce to maintain safe staffing levels and utilise skill mix available to maintain safe and effective care and treatment to all patients
- Maintain quality and positive patient experience across the unit
- Display values and behaviours that indicate effective self-awareness and leadership capability
- Lead and support service improvement and development activities
- Proactively manage problems, issues and challenges as they present

On completing this framework, you will be able to:

Demonstrate competent performance in all the activities specified without direct supervision and based upon relevant evidence based knowledge, intuition and establish practice.

Independently lead the critical care team to provide safe, quality care and treatment, whilst recognising wider issues and/or challenges and proactively managing them.

Prioritise workload, workforce requirements and resource and resolve any problems/issues identified.

Contents

| | |
|---|-----------|
| Foreword | 2 |
| Contents | 3 |
| Learning Contract..... | 4 |
| Authorised Signature Record..... | 5 |
| Step 4: Tracker Sheet | 6 |
| 4.1 - Safe management of the clinical area..... | 7 |
| 4.2 - Team functionality..... | 12 |
| 4.3 - Delivering quality & improving outcomes..... | 14 |
| 4.4 - Supporting patients & families..... | 18 |
| 4.5 - Leadership capability | 19 |
| 4.6 - Managing people | 21 |
| Glossary..... | 23 |
| References & Resources | 24 |

Learning Contract

The following Learning Contract applies to the Individual Learner, Lead Assessor/Mentor and Unit Manager/Lead Nurse and should be completed before embarking on this competency development programme.

It will provide the foundations for:

- Individual commitment to learning
- Commitment to continuing supervision and support
- Provision of time and opportunities to learn

LEARNERS RESPONSIBILITIES

As a learner I intend to:

- Take responsibility for my own development
- Successfully complete a period of induction/preceptorship as locally agreed
- Form a productive working relationship with mentors and assessors
- Deliver effective communication processes with patients and relatives, during clinical practice
- Listen to colleagues, mentors and assessors advice and utilise coaching opportunities
- Use constructive feedback positively to inform my learning
- Meet with my Lead Assessor/Mentor at least 3 monthly
- Adopt a number of learning strategies to assist in my development
- Put myself forward for learning opportunities as they arise
- Complete all Step 4 competencies in the agreed time frame
- Use this competency development programme to inform my annual appraisal, development needs and NMC Revalidation
- Report lack of mentorship/supervision or support directly to the Lead Assessor/Mentor, and escalate to the Clinical Educator/Unit Manager or equivalent if not resolved.

Learner Name (Print)

Signature Date:

LEAD ASSESSOR RESPONSIBILITIES

As a Lead Assessor I intend to:

- Meet the standards of regulatory bodies (NMC, 2018)
- Demonstrate on-going professional development/competence within critical care
- Promote a positive learning environment
- Support the learner to expand their knowledge and understanding
- Highlight learning opportunities
- Set realistic and achievable action plans
- Complete assessments within the recommended timeframe
- Bring to the attention of the HEI, Education Lead and/or Manager concerns related to the individual nurses learning and development as appropriate
- Plan a series of learning experiences that will meet the individuals defined learning needs
- Prioritise work to accommodate support of learners within their practice roles
- Provide feedback about the effectiveness of learning and assessment in practice

Lead Assessor Name (Print)

Signature Date:

CRITICAL CARE LEAD NURSE/MANAGER

As a critical care service provider I intend to:

- Facilitate a minimum of 40% of learners' clinical practice hours with their mentor/assessor and/or Practice Educator or delegated appropriate other within the multidisciplinary team
- Provide and/or support clinical placements to facilitate the learners' development and achievement of the core competency requirements
- Regulate and quality assure systems for mentorship and standardisation of assessment to ensure validity and transferability of the nurses' competence

Lead Nurse/Manager Name (Print)

Signature Date:

Authorised Signature Record

To be completed by any Lead Assessor/Mentor or Practice Educator.

| Print Name | Sample Signature | Designation | NMC Number | Organisation |
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Step 4: Tracker Sheet

| Competency Statement | Date Achieved | Mentor/Assessors Signature |
|--|---------------|----------------------------|
| 4.1 Safe Management of the Clinical Area | | |
| 4.1.1 Safe staffing levels | | |
| 4.1.2 Effective staff to patient allocation | | |
| 4.1.3 Accessing specialist advise or equipment | | |
| 4.1.4 Managing Resources | | |
| 4.1.5 Managing Untoward incidents | | |
| 4.1.6 Managing a Major / Mass Casualty Incident | | |
| 4.1.7 Patient Flow | | |
| 4.2 Team Functionality | | |
| 4.2.1 Co-ordinating workload | | |
| 4.2.2 Communicating as a leader | | |
| 4.2.3 Motivational behaviour and Team building | | |
| 4.2.4 Health and Safety | | |
| 4.3 Developing Quality & Improving Outcomes | | |
| 4.3.1 Learning | | |
| 4.3.2 Influencing | | |
| 4.3.3 Resilience | | |
| 4.3.4 Creativity | | |
| 4.3.5 Team player | | |
| 4.3.6 Tools | | |
| 4.3.7 Safety | | |
| 4.4 Supporting Patients & Families | | |
| 4.4.1 Communication | | |
| 4.5 Leadership Capability | | |
| 4.5.1 Management and Leadership | | |
| 4.6 Managing People | | |
| 4.6.1 Local and National Policies | | |
| 4.6.2 Disciplinary Procedures | | |
| 4.6.3 Education | | |
| 4.6.4 Performance Management | | |

4.1 Safe management of the clinical area

The following competency statements are related to the safe management of the critical care unit.

| 4.1.1 Safe staffing levels | |
|--|--|
| You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice | Competency Fully Achieved Date/Sign |
| Demonstrate knowledge and understanding of local, network and national policy relating to critical care nurse staffing: <ul style="list-style-type: none"> • Operational policy • D05 (formally D16) National Service Specification • How the service is funded • Network Service Specification • Guidelines for Provision of Intensive Care Unit (GPICS) • Joint ICS & FICM Core Standards • BACCN • Carter Good Practice Guide: Rostering (2016) • Trust establishment review setting process. | |
| Outline adequate staffing arrangements for the unit: <ul style="list-style-type: none"> • Number of registered nurses • Number of support workers • Minimum skill mix requirements • Special considerations <ul style="list-style-type: none"> ○ Patient needs ○ Level of care ○ Phased return / supernumerary | |
| Demonstrate effective process for obtaining additional staff at short notice, in the event of sickness and/or additional demand: <ul style="list-style-type: none"> • Escalation to Matron / Site manager / Director of Nursing • Local policy for bank and agency staff usage • CC3N Agency Staffing Best Practice Principles | |
| Outline staffing arrangements for redeployment at short notice to support other services, wards etc. <ul style="list-style-type: none"> • Local policy for redeployment of staff • CC3N - Best Practice Principles to Apply When Considering Moving Critical Care Nursing Staff to a Different Clinical Care Area. | |

| 4.1.2 Effective staff to patient allocation | |
|--|--|
| You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice | Competency Fully Achieved Date/Sign |
| Use analytical skills to safely and effectively allocate the most appropriate staff member to the relevant patient. <ul style="list-style-type: none"> • Considers the following items during decision making: <ul style="list-style-type: none"> ○ Patient condition & level of support | |

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| <ul style="list-style-type: none"> ○ Patient dependency ○ Potential for deterioration ○ Psychological & social requirements ○ Family presence & dynamics ○ Previous concern, issues, complaints ○ Competency of the nurse ○ Development of the nurse ○ Level of supervision and/or support required ○ Availability of additional support (i.e. supernumerary staff, clinical educator & team leader) ○ Flexibility of workload ○ Priorities for the shift ○ Allocation in the context of other patients, staff capabilities and associated workload ○ Allocation in the context of the nurses associated workload (i.e. mentoring) and consider suitability of allocation to meet the learners needs. | |
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| 4.1.3 Accessing specialist advise | |
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| <p>You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice</p> | <p>Competency Fully Achieved Date/Sign</p> |
| <p>Recognise own limitations and identify when advice and/or support is needed and who to approach:</p> <ul style="list-style-type: none"> ● Matron/Lead Nurse ● Lead Consultant ● Consultant colleagues ● Senior Clinical Educator ● Practice Development Nurse ● Specialist nurses (e.g. Tissue Viability Nurse, Palliative Care Team, CCOT) ● On-call manager ● Wider nursing & AHP colleagues (including ACCP'S) ● Local Operational Delivery Network | |

| 4.1.4 Managing resources | |
|--|--|
| <p>You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice</p> | <p>Competency Fully Achieved Date/Sign</p> |
| <p>Demonstrate appropriate management of staffing resources</p> <ul style="list-style-type: none"> ● Daily staffing and skill mix ● Staff recruitment and retention ● Managing sickness / annual leave / study leave ● Special leave / carers leave ● Working restriction and flexible working arrangements ● Workforce and HR issues ● Agency use as per Trust policy | |
| <p>Demonstrate appropriate management of equipment resources</p> | |

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| <ul style="list-style-type: none"> • Discuss the advantages and disadvantages of leasing versus purchasing • Ensure equipment is fit for purpose • Consider maintenance / service cost • New / replacement equipment • Reporting process to remove and repair faulty equipment • Participate in clinical trials / audit | |
| <p>Identify need for and effectively source specialist equipment as and when required:</p> <ul style="list-style-type: none"> • Maintain patient safety whilst request is processed • Local policy and process for specialist equipment requests and/or hire • Explore alternatives if required • Initiate documentation and/or handover process to ensure the equipment is logged and recorded for payment • Arrange training and support for equipment as required with considerations of how long the equipment will be in service. • Understand the process to end lease of specialised equipment. | |
| <p>Identify need for and effectively source pharmacy items as and when required:</p> <ul style="list-style-type: none"> • Local process for specialist requests • Local policy and process for obtaining items 'out of hours' • Arrange adequate preparation and administration information and/or support as required • Local policy for supply and stock levels | |
| <p>Demonstrate appropriate management of the budget</p> <ul style="list-style-type: none"> • Work within financial constraints to deliver safe and effective services • Identify potential for and promote savings where possible • Ensure resources are being used efficiently and effectively • Minimise waste • Be aware of charitable funds and donations and how to access them • Effective rostering within budgeted establishment | |

| 4.1.5 Managing untoward incidents | |
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| <p>You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice</p> | <p>Competency Fully Achieved Date/Sign</p> |
| <p>Demonstrate completion of incident process</p> <ul style="list-style-type: none"> • Documentation • Investigation | |
| <p>Describe management of the following situations:</p> <ul style="list-style-type: none"> • Peri / Cardiac arrest in critical care • Actual/ potential / near miss clinical incident • RCA / SUI / Never Events • Medicine management error • Procedure for dealing with faulty equipment | |

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| <ul style="list-style-type: none"> • Suspected and/or actual fire within or near the unit • Actual or potentially violent incident • Complaint from: <ul style="list-style-type: none"> ○ Patient ○ Family ○ staff • Duty of Candor • Inadequate or poor performance from staff • Allegation made against a staff member on shift including staff support • Mixed sex breech • Infection Protection and Control issues • Delayed discharges | |
| Discuss the role and responsibilities in disciplinary procedure | |

| 4.1.6 Managing a Major Incident / Mass Casualty Incident | |
|---|--|
| You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice | Competency Fully Achieved Date/Sign |
| Major incident affecting the organisation (not impacting on Critical Care) <ul style="list-style-type: none"> • Discuss the organisation's and units Major Incident plan <ul style="list-style-type: none"> ○ External ○ Internal | |
| Major incident directly impacting on Critical Care <ul style="list-style-type: none"> • Discuss the role and responsibilities of self and the service as a whole in a major incident both internal and external. • Discuss Critical Care 'Business Continuity' plan • Role of the ODN is supporting the service | |
| Mass Casualty Incident <ul style="list-style-type: none"> • National Mass Casualty Plan • Local Mass Casualty Framework • Critical Care Roles / Responsibilities • ODN role | |

| 4.1.7 Patient flow | |
|---|--|
| You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice | Competency Fully Achieved Date/Sign |
| Effectively manage admission and discharge, demonstrating knowledge and management of: <ul style="list-style-type: none"> • Admission criteria and process • Discharge criteria and process • Awareness of professional and local standards for admission and discharge <ul style="list-style-type: none"> ○ Discharge within 4hrs of discharge ○ Out of hours discharge process (22:00-07:00) | |

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|---|--|
| <ul style="list-style-type: none"> • Repatriation process <ul style="list-style-type: none"> ○ Local ○ International • Escalation process • Admission requests • Refused admissions • Complex discharges • Collaboration with services outside of Critical Care | |
| <p>Maintain real time bed information for Critical Care unit:</p> <ul style="list-style-type: none"> • Importance and use of Directory of Services (DoS) for bed capacity management • Input and extract data from Directory of Services (DoS) • Be aware of local arrangements for bed availability data collection. • Discuss the importance of acuity and staffing report | |
| <p>Effectively participate in capacity management discussions at local and network level:</p> <ul style="list-style-type: none"> • Identify potential discharges early and proactively communicate internally to facilitate timely discharge • Assess internal and external demand (including repatriations) • Discuss emergency vs. elective demand • Activate local capacity management principles & escalation policy appropriately when required • Work in collaboration with local bed management and/or patient flow teams • Activate Critical Care Network capacity management principles and escalation processes appropriately when required. • Demonstrate knowledge and impact of: <ul style="list-style-type: none"> ○ Network transfer guidelines ○ Collaborative transfer groups | |

4.2 Team functionality

The following competency statements are related to the identifying and maintaining the functionality of the critical care nursing team.

| 4.2.1 Coordinating workload | |
|---|--|
| You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice | Competency Fully Achieved Date/Sign |
| <p>Effectively coordinate the workload of self and others, taking account of the shift priorities and resource available (<i>including but not exclusive to</i>):</p> <ul style="list-style-type: none"> • Patients clinical condition, needs & scheduled interventions • Divide and delegate tasks and responsibilities to deliver safe, effective, quality care and treatment • Outline the team goals and priorities for the shift • Give clear instruction and support to the team to achieve effective delivery of the set tasks and goals • Be adaptable and flexible in approach to meet the changing demands of the shift • Provide safe arrangements for bedside cover during handover, patient interventions, staff breaks, MDT meetings and/or training purposes. | |
| 4.2.2 Communicating as a leader | |
| You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice | Competency Fully Achieved Date/Sign |
| <p>Ensure clear and effective communication between multi-disciplinary team members (<i>including but not exclusive to</i>):</p> <ul style="list-style-type: none"> • Other registered and un-registered nurses • Medical teams • AHP teams • Specialist services (e.g. CCOT or equivalent, SNOD,) • Bed manager and/or patient flow teams • Wider services | |
| <p>Provide effective and safe handover of care between shifts (<i>including but not exclusive to</i>):</p> <ul style="list-style-type: none"> • Complete local handover/communication documentation • Provide safety brief/debrief as locally agreed • Assess any additional resource (human, equipment & consumables) required on the following shift and action accordingly • Complete team leader data collection information as locally agreed • Record and manage staff sickness & absence in line with local policy, making provision for short and medium term cover if needed • Record and escalate actual or potential risks and/or clinical incidents | |

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|---|--|
| <ul style="list-style-type: none"> Complete initial risk assessment for any identified issues and escalate in line with local policy | |
|---|--|

| 4.2.3 Development of motivational behaviour and Team Building | |
|--|--|
| You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice | Competency Fully Achieved Date/Sign |
| Discuss Team theory relevant to the clinical setting | |
| Promote and achieve a TEAM approach (T ogether E veryone A chieves M ore) | |
| Understands and demonstrates how a team with complementary skills can work actively together to achieve a common purpose | |
| Identifies and discusses characteristics of a team and how these can influence a shift | |
| Demonstrates and /or discuss examples of how they develop characteristics to the benefit of the patient/ situation | |
| Identify a situation that requires motivational behaviour to enhance the practice of a member of staff then discuss the actions that you would propose | |
| Discuss potential or actual situations where you have challenged the team to improve | |
| Identify your leader style and demonstrate an awareness of the strengths and weakness of such a style. | |
| Identify members within your team and their team style, reflect on how these individuals could be developed towards achieving self-actualisation (Maslow's Hierarchy of Needs, 1943) | |
| Demonstrate behaviour that promotes self-respect and self-esteem within the team, give recognition to individual team members for achievement | |
| Provide individual / team feedback on impact for effective service function | |
| Provide adequate opportunities for staff either as individuals or as a team, to discuss / raise concerns | |

| 4.2.4 Keeping the individuals within a Team Safe (Health and Safety) | |
|---|--|
| You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice | Competency Fully Achieved Date/Sign |
| <ul style="list-style-type: none"> Demonstrate active measures to ensure that the team has their personal needs met in terms of rest breaks, nutrition and hydration Reflect on situations that these needs have not been met and identify potential solutions for similar future situations Discuss what is meant by the term 'Human Factors' Identify a situation where you have had to use your understanding of this to ensure that the team, patients or family members have been kept safe. Discuss the value of a team debrief Demonstrate your ability to facilitate a debrief to the team following a situation/ adverse event | |

4.3 Delivering quality & improving outcomes

The following competency statements are related to the delivering quality and improving patient outcomes across the critical care unit.

| 4.3.1 Learning | |
|--|--|
| You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice | Competency fully achieved Date / Sign |
| Demonstrate a reflective approach to the current situation/ Is able to critique: <ul style="list-style-type: none"> • What is working well • What is not working well • Who might be doing it better • Who can we learn from • Is able to discuss pros and cons of an alternative solution • Can articulate and identify subjective bias and practices which might hinder improvement | |
| Demonstrates the ability to identify processes through questioning <ul style="list-style-type: none"> • Can use the skills of investigation , audit, data analysis to see information to aid development • Can adopt a different stand point to explore the problem or solution | |
| Uses reflection and self-analysis to evaluate if change has been an improvement | |
| Can distil, articulate and share the leaning for themselves, the team and the patients | |

| 4.3.2 Influencing | |
|---|--|
| You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice | Competency fully achieved Date / Sign |
| Demonstrates an appreciation of the differing views of others | |
| Demonstrate excellent facilitation skills to share ideas, comments, consider evidence and to take decisions | |
| Is able to disentangle feelings from facts, opinion from evidence and behaviours from personality | |
| Is able to use critical questioning | |
| Is able to suspend judgement if evidence is insufficient | |
| Is able to assimilate good habits and values from others to use as personal development aids | |

| 4.3.3 Creativity | |
|--|--|
| You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice | Competency fully achieved Date / Sign |
| Shows an ability to consistently ask 'What if', constantly imagining and draws upon a range of techniques to explore ideas in differing context. | |
| Uses approach such as 'appreciative enquiry' to gain deeper understanding and information. | |
| Encourages participation and engagement. | |
| Uses novel approaches to explore and generate improvement suggestions - sees the necessity of breaking out of routines | |

| 4.3.4 Team Player | |
|---|--|
| You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice | Competency fully achieved Date / Sign |
| Recognises the value of collective and unique ideas to harness different perspectives of a problem | |
| Demonstrates excellent on seeking collaboration, the giving and receiving of feedback and is able to use positive language e.g. <i>"You might like to"</i> Instead of <i>"You should"</i> | |
| Is able to connect varying thinking - can use metaphors, think out loud and visualise an improvement and can articulate to the team | |

| 4.3.5 Safety | |
|--|--|
| You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice | Competency fully achieved Date / Sign |
| Is able to demonstrate that variation is acceptable. | |
| Can use 'Always Events' as the exemplar | |
| Understands the process of patient safety incident reports and promotes shared learning from incidents. | |
| Demonstrate an awareness of their responsibilities when receiving a patient safety alerts. | |
| Demonstrates an awareness of the National Reporting and Learning System (NLRs). | |

| 4.3.6 Principles of change | |
|--|--|
| You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice | Competency fully achieved Date / Sign |
| Able to identify and discuss change models | |
| Understands and discusses the principles, types and stages of change and develops approaches to suit the situation | |
| Understands and discusses the tools, methodology and models to draw on when facilitating change. | |
| Can demonstrate in practice and teach others in the use of improvement tools and skills including : <ul style="list-style-type: none"> • Audit • Discuss and use Models for Improvement • Metrics • Variation • Run charts • SBAR reports • Cost benefit analysis • Measurement of improvement • Awareness of research and its impact on practice. | |
| Can demonstrate the behaviours and skills for managing change in order to support and motivate the team through the change process. | |
| Understands and demonstrated the need for accurate timely data collection. | |
| Demonstrates an understanding of the quality reports available <ul style="list-style-type: none"> • ICNARC • NHSE SSQD | |

| 4.3.7 Resilience | |
|---|--|
| You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice | Competency fully achieved Date / Sign |
| Is able to demonstrate effective role model characteristics of an optimistic approach to improvement <ul style="list-style-type: none"> • Shows a growth mind-set that improvement is possible • Is not afraid to take reasonable risks and to explore possibilities to solve problems and address issues • Understands that uncertainty is a given and ambiguity is normal | |
| Able to identify potential sources of resistance and anticipates concerns | |

| 4.3.8 Change Readiness | |
|--|--|
| You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice | Competency fully achieved Date / Sign |
| Can discuss the tools methodology used in change readiness | |
| Is able to communicate the “vision” clarifying direction and smooth the change process. | |
| Demonstrates the ability to gather data from different sources in change readiness to provide baseline to inform on change effectiveness. <ul style="list-style-type: none"> • Listen to feedback from patients and service users to look for ways to improve the care being delivered. • Audit / Metrics / Variation / Run charts • Cost benefit analysis | |
| Considers wider implications when planning and implementing change including; <ul style="list-style-type: none"> • Organisations strategy and structure • Process and culture • Organisations, individual, economic, cultural, social and political forces. • Sustainability | |
| Maintains an awareness on business focus by: <ul style="list-style-type: none"> • Recognising and effectively communicate the case for change including costs and benefits • Able to demonstrate change as an opportunity to advance service objectives. | |

4.4 Supporting patients & families

The following competency statements are related to supporting the patients and their families as a critical care team leader.

| 4.4.1 Communication | |
|---|--|
| You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice | Competency fully achieved Date / Sign |
| Ensure effective communication strategies are employed to enable sharing of information between staff, patient, family and relevant others. | |
| Demonstrate the importance of self and staff safety when involved in conversations with relatives and relevant others | |
| When communicating with patients and families, demonstrate role model qualities. | |
| Discuss the application in practice of the NMC Code (2015) and you would apply the principles in practice. | |
| Promote a culture of partnership/person centred care. | |
| Discuss how pre admission advice for elective admissions can have a positive impact on supporting patients and families. | |
| Recognise potentially complex situations and offer support and advice as appropriate. | |
| Have an understanding of the ethics surrounding patient advocacy (ICN Code of Ethics 2012). | |
| Be competent at accessing specialist advice if required e.g. bereavement services, social services, child protection, safeguarding team etc. | |
| Be aware of the potential benefits of alternative therapeutic interventions, e.g. Patient diaries, Music therapy, Pets as Therapy etc. | |
| Advocate holism and have an understanding of the psychosocial needs of patients and families. | |

4.5 Leadership capability

The following competency statements are related to leadership capability in Critical Care.

| 4.5.1 Management and Leadership | |
|--|---|
| You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for your practice | Competency Fully Achieved Date/ Sign |
| <p>Discuss management theories relevant to the clinical setting:</p> <ul style="list-style-type: none"> • Discuss leadership theory and models e.g. transformation model, transactional model , positional, situational and knowledge influences • Identify the advantages and disadvantages of the different models/ approaches and their application to practice • Discuss management theory to include delegation, time management, critical analysis and evaluation of practice, administration (RCA, complaints, audits etc.) | |
| <p>Demonstrate self-awareness skills:</p> <ul style="list-style-type: none"> • Complete NHS leadership academy self-assessment tool if participating in a leadership programme • Access Edward Jenner Programme (Leadership Academy Free e-learning) • Undertake a SWOT analysis in relation to leadership skills and develop an action plan for one’s continuing self-development • Be aware of how your own values and principles can affect your behaviour and how this may impact on the behaviour of others. • Demonstrate the use of reflective practice • Understand the role and responsibilities of being a confirmer in the revalidation process. | |
| <p>Be an effective role model demonstrating:</p> <ul style="list-style-type: none"> • A high standard of clinical competence • Effective decision making to maintain safety and quality • Integrity and honesty • Consistency when dealing with issues • Adherence to Trust policies and procedures • Professionalism and adherence to The Code • Promotion of equity and diversity • Active listening • Compassion and caring • Inspiration and motivation to others • Time management skills and prioritising workload to meet commitments | |
| Awareness of Clinical Governance structures | |

| | |
|--|--|
| Ensure national guidelines are adhered to (where possible) and be aware of the impact to the service of these are not met. | |
| Have awareness of National organisations and how they impact on Critical Care <ul style="list-style-type: none">• CQC• NICE• CC3N• BACCN• ICS• ODN | |

4.6 Managing people

The following competency statements are related to managing people

| 4.6.1. Local & National Policy | |
|---|--|
| You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for you practice | Competency Fully Achieved Date/Sign |
| <p>Demonstrate knowledge and understanding of local and national policy and understand effective management processes for:</p> <ul style="list-style-type: none"> • Sickness Policy • Health and safety <ul style="list-style-type: none"> ○ Risk Assessments and mitigation of risk ○ COSHH assessment ○ RIDDOR ○ Needle stick and splash injuries procedure • Local Infection Prevention Policy and Procedures • Annual Leave policy / Special Leave • Bullying and harassment • Equality and diversity • Uniform/dress code • Validating and monitoring professional registration • Management of stress in the work place • Maternity/Paternity policy • Human Resources policies and guidelines identifying when advice and support is required. • Involve and actively listen to staff concerns and ideas to create a supportive working environment. • Effectively recognise and manage conflict within the team. | |

| 4.6.2 Disciplinary Procedures | |
|--|--|
| You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for you practice | Competency Fully Achieved Date/Sign |
| <p>Demonstrate knowledge and understanding of local policy relating to disciplinary procedures:</p> <ul style="list-style-type: none"> • Discuss management and appropriate escalation; <ul style="list-style-type: none"> ○ General misconduct ○ Gross misconduct ○ Fraud, financial or criminal offences ○ Aware of liability ○ Staff support throughout the process | |

| 4.6.3 Education | |
|---|--|
| You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for you practice | Competency Fully Achieved Date/Sign |
| <p>Promote the principles of a learning organisation, continuous professional development and lifelong learning:</p> <ul style="list-style-type: none"> • Be committed to the training and development of the team to: <ul style="list-style-type: none"> ○ Provide evidence based best practice patient care ○ Provide an environment to support learning ○ Promote customer satisfaction | |
| <p>Create a culture to support staff learning and development:</p> <ul style="list-style-type: none"> • Attend training to be able to carry out appraisals. • Ensure that performance issues are raised appropriately throughout the year. • Demonstrate effective process for documenting personal and professional development plans within the appraisal process and facilitate actions • Participate in agreeing objectives for the coming year in line with individual needs, organisational objectives and service plans. • Awareness of funding mechanisms for CPD • Provide positive feedback and praise the team/individual to promote self esteem • Provide constructive feedback in a non-threatening way ensuring action plans are completed for on-going development • Provide effective mentorship and coaching • Support clinical supervision and the use of reflective practice • Support and delivery and formalise training programmes to encourage staff retention • Be aware of the support Network for staff training and performance. (Mentor /senior staff / clinical educator / PDN for pre-registration nurses / Trust education department) | |

| 4.6.4 Performance Management | |
|---|--|
| You must be able to demonstrate the competent performance against each statement, whilst providing rationale and evidence base for you practice | Competency Fully Achieved Date/Sign |
| <p>Demonstrate knowledge and understanding of local, network and national policy relating to</p> <ul style="list-style-type: none"> • National and Locally agreed competency requirements • Individual performance management processes • Additional action planning • Escalation pathways for raising concerns about an individual's learning and development | |
| <p>Effectively manage, document and escalate unsatisfactory performance or lack of capability on a fair and consistent basis.</p> | |

Glossary

| Glossary | |
|-----------|---|
| ACCP | Advanced Critical Care Practitioner |
| AHP | Allied Health Professional |
| BACCN | British Association of Critical Care Nurses |
| CC3N | Critical Care National Network Nurse Leads |
| CCOT | Critical Care Outreach Teams |
| COSHH | Control of Substances Hazardous to Health |
| CPD | Continuous Professional Development |
| CQC | Care Quality Commission |
| DoS | Directory of Services |
| FICM | Faculty of Intensive Care Medicine |
| GPICS | Guidelines of the Provision of Intensive Care Service |
| ICNARC | Intensive Care National Audit & Research Centre |
| ICS | Intensive Care Society |
| MDT | Multi-Disciplinary Team |
| NHSE SSQD | NHS England Specialised Services Quality Dashboards |
| NICE | National Institute for Health and Care Excellence |
| NMC | Nursing and Midwifery Council |
| NRLS | National Reporting and Learning System |
| ODN | Operation Delivery Network |
| RCA | Root Cause Analysis |
| RIDDOR | Reporting of Injuries, Diseases and Dangerous Occurrences Regulations |
| SBAR | Situation, Background, Assessment, Recommendation |
| SNOD | Specialist Nurse for Organ Donation |
| SUI | Serious Untoward Incident |
| SWOT | Strengths, Weaknesses, Opportunities, and Threats |

References & Resources

- British Association of Critical Care Nurses. (BACCN). (2010). *Standards for Nurse Staffing in Critical Care*. Accessed 10.05.18. http://icmwk.com/wp-content/uploads/2014/02/nurse_staffing_in_critical_care_2009.pdf
- Carter, Critical Care Network National Nurse Leads (CC3N). (2017). *Best Practice Principles to Apply When Considering Moving Critical Care Nursing Staff to a Different Clinical Care Area*. Access from <http://cc3n.org.uk/>
- Critical Care Network National Nurse Leads (CC3N). (2017). *Best Practice Guidance for Registered Nursing Agency & Bank Staff Working in Adult Critical Care*. Access from <http://cc3n.org.uk/>
- Critical Care Network National Nurse Leads CC3N (2015) *National Competency Framework for Adult Critical Care Nurses*. Retrieved 10.05.18. <http://www.cc3n.org.uk/competency-framework/4577977310>
- D05 Adult Critical Care. Retrieved 10.05.18. <https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-d/d05/>
- GOV.UK. *Equality Act 2010*. Retrieved 10.05.18. <https://www.gov.uk/guidance/equality-act-2010-guidance>
- Health & Safety Executive. Retrieved 10.05.18. <http://www.hse.gov.uk/coshh/index.htm>
- Health & Safety Executive. Retrieved 10.05.18. <http://www.hse.gov.uk/riddor/index.htm>
- Hollnagel, E., Wears, R., & Braithwaite, J. (2015). *From Safety I to Safety II*. NHS England.
- International Council for Nurses. (2012). *The ICN Code of ethics for nurses*. Retrieved 10.05.18. Geneva.
- Faculty of Intensive Care Medicine (FICM) and the Intensive Care Society (ICS). (2015) *Guidelines for the Provision of Intensive Care Services*. (GPICS). Retrieved 10.05.18. https://www.ficm.ac.uk/sites/default/files/gpics_-_ed.1_2015_v2.pdf
- Faculty of Intensive Care Medicine and Intensive Care Society FICM). (2013). *Core Standards for Intensive Care Units*. Retrieved 10.05.18. [https://www.ficm.ac.uk/sites/default/files/Core%20Standards%20for%20ICUs%20Ed.1%20\(2013\).pdf](https://www.ficm.ac.uk/sites/default/files/Core%20Standards%20for%20ICUs%20Ed.1%20(2013).pdf)
- <https://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model/>
- Lucas, B., & Nacer, H. (2015). *The habits of an improver- thought paper*. The Health Foundation.
- Maslow, A., H., (1943). A theory of human motivation. *Psychological Review*. 50. (4). 370-396.
- McIntyre, L. (2016). *NHS Improvement. Good practice guide: Rostering*. Retrieved 10.05.18. https://improvement.nhs.uk/documents/178/Rostering_Good_Practice_Guidance_Final_v2.pdf
- National Institute for Health & Care Excellence. (2017). *Rehabilitation after critical illness in adults (QS158)*. NICE. <https://www.nice.org.uk/guidance/qs158>

<http://www.nrls.npsa.nhs.uk/report-a-patient-safety-incident/about-reporting-patient-safety-incidents/>

Nursing & Midwifery Council. (2015). *The Code*. NMC. Retrieved 10.05.18.

<https://www.nmc.org.uk/standards/code/>

Patients Association. (2013). *Good practice standards for NHS Complaints Handling*.

Patients Association. Retrieved 10.05.18

<https://www.noeccn.org.uk/resources/Documents/Education%20Group/Resources/Good-Practice-standards-for-NHS-Complaints-HandlingSept-2013.pdf>

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